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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 09/233,417 01/19/1999 ABN
which is a CON of 08/625,698 04/03/1996 ABN
which is a CON of 08/489,360 06/12/1995 ABN

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
** 01/04/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	Examiner's Signature _____ Initials _____	STATE OR COUNTRY WA	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
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ADDRESS

22931

TITLE

MANHOLE COVER LIFTING APPARATUS AND METHOD

FILING FEE RECEIVED 380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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